
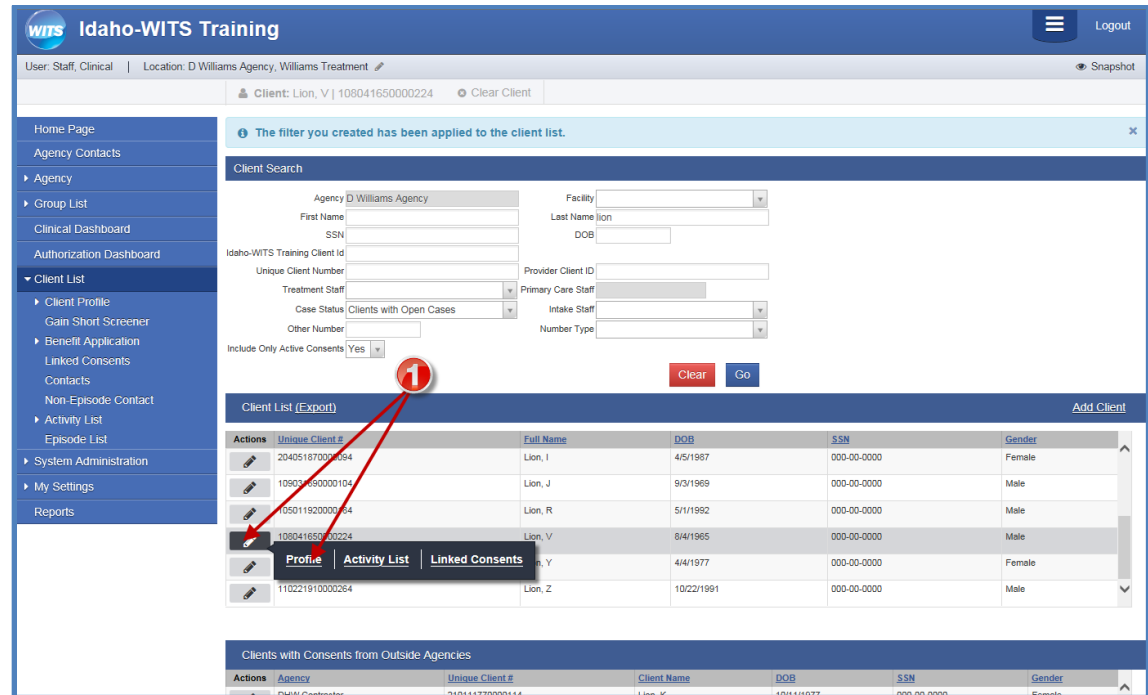


Authorization Change Request – Note to Authorizer for IDHW (non-ATR 4) & IDOC Clients who are Transferring to Another Agency

These instructions are to be used in the following Situations.

- Transfer an IDHW client from Assessment to a treatment Level of Care (LOC) at a different treatment agency.
- Transfer a client to a different treatment agency at the same Level of Care (LOC) or Stage and there are more than two weeks (15+ days) before the treatment authorization expires.
- I am a Stand Alone RSS provider and I want to transfer a client to a different RSS agency.

1. **Getting here:** Login, select the Facility, select Client List on the Navigation Pane (left menu) to generate the Client Search Screen, find client, click  and select Client Profile.



Idaho-WITS Training

User: Staff, Clinical | Location: D Williams Agency, Williams Treatment | Snapshot

Client: Lion, V | 108041650000224 | Clear Client

The filter you created has been applied to the client list.

Client Search

Agency D Williams Agency | Facility |

First Name | Last Name Lion

SSN | DOB |

Idaho-WITS Training Client Id |

Unique Client Number | Provider Client ID |

Treatment Staff | Primary Care Staff |

Case Status Clients with Open Cases | Intake Staff |

Other Number | Number Type |

Include Only Active Consents Yes |

Clear Go

Client List (Export) Add Client

Actions	Unique Client #	Full Name	DOB	SSN	Gender
	2040518700000004	Lion, I	4/5/1987	000-00-0000	Female
	1090319500000104	Lion, J	9/3/1969	000-00-0000	Male
	0501192000000004	Lion, R	5/1/1992	000-00-0000	Male
	1080416500000224	Lion, V	8/4/1965	000-00-0000	Male
	1102219100000254	Lion, Z	10/22/1991	000-00-0000	Male

Profile Activity List Linked Consents

Clients with Consents from Outside Agencies

Actions	Agency	Unique Client #	Client Name	DOB	SSN	Gender
	DWILLIAMS	2040518700000004	Lion, I	4/5/1987	000-00-0000	Female

2. Select the **Authorization** on the Navigation Pane

User: Staff, Clinical | Location: D Williams Agency, Williams Treatment | Generate Report | Snapshot

Client: Lion, V | 108041650000224 | Clear Client

Home Page

Agency Contacts

Agency

Group List

Clinical Dashboard

Authorization Dashboard

Client List

Client Profile

Alternate Names

Additional Information

Military Information

Contact Info

Collateral/Cust. Contacts

Other Numbers

History

Client Group Enrollment

Authorization

Employment

Allergies

Gain Short Screener

Benefit Application

Linked Consents

Contacts

Non-Episode Contact

Activity List

Episode List

Profile

First Name: V

Middle Name:

Last Name: Lion

Suffix:

Gender: Male

DOB: 8/4/1965

SSN: 000-00-0000

Provider Client ID:

Unique Client Number: 108041650000224

State Client ID:

Record Created By: Buskey, Michelle

Last Updated By: Buskey, Michelle

Created Date: 3/4/2015 1:20 PM

Last Updated Date: 3/4/2015 1:20 PM

Driver's License:

Acc. Category:

Has paper file: Yes

Administrative Actions


Cancel Save Finish

Alternate Names

Actions	Last Name	First Name	Middle Name	Client Alias Type
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Addresses

Actions	Address Type	Address	Confidential	Created	Updated
	Client Home	1205 Venus Circle Nex Perce, ID 87206	No	3/4/2015	3/4/2015

3. Click  and select **Profile** to review the active Authorization.

User: Staff, Clinical | Location: D Williams Agency, Williams Treatment | Snapshot

Client: Lion, V | 108041650000224 | Clear Client

Home Page

Agency Contacts

Agency

Group List

Clinical Dashboard

Authorization Dashboard

Client List

Client Profile

Alternate Names

Additional Information

Military Information

Contact Info

Collateral/Cust. Contacts

Other Numbers

History

Client Group Enrollment

Authorization

Employment

Allergies

Gain Short Screener

Benefit Application

Linked Consents

Contacts



Non-Episode Contact

Activity List

Episode List

Authorization List

Add New Authorization Record

Actions	Auth. #	Payor	Status	Effective Date	End Date	Authorized	Encumbered	Expended	Available	Last Activity Date
	2036	DH-W Adult [State General, 1]	Active	7/1/2014	6/30/2015	\$568.50	\$0.00	\$0.00	\$568.50	3/4/2015
		DH-W Adult [State General, 1]	Closed	7/1/2014	3/18/2015	\$0.00	\$0.00	\$0.00	\$0.00	3/18/2015

Profile

4. Click **Requests** under the Actions box.

Home Page

Agency Contacts

Agency

Group List

Clinical Dashboard

Authorization Dashboard

Client List

Client Profile

Alternate Names

Additional Information

Military Information

Contact Info

Collateral/Cust. Contacts

Other Numbers

History

Client Group Enrollment

Authorization

Employment

Allergies

Gain Short Screener

Benefit Application

Linked Consents

Contacts

User: Staff, Clinical | Location: D Williams Agency, Williams Treatment

Client: Lion, V | 108041650000224

Snapshot

Authorization

Group Enrollment: DHW Adult, Status: Active, Plan: State General, Contract: 1 - DHW-D Williams SUD / 7/1/2014 - 6/30/2015 - State General-DHW Adult, Authorization #: 2036, Date Approved: 7/1/2014, Administering Agency: DHW Contractor, Effective Date: 7/1/2014, End Date: 6/30/2015, Updated Date: 3/4/2015 1:21 PM, Updated By: Buskey, Michelle

Comments

Authorized Services List

Service	Authorized Units	Authorization Amt	Encumbered	Expended	Available Units
Outpatient	25	\$231.00	\$0.00	\$0.00	25.00
Drug/Alcohol Testing	25	\$337.50	\$0.00	\$0.00	25.00

Actions

Close

Requests

Total Authorized: \$568.50, Total Encumbered: \$0.00, Total Expended: \$0.00, Total Available: \$568.50

Finish

5. The Authorization Change Request List displays. Click **Add New**.

Home Page

Agency Contacts

Agency

Group List

Clinical Dashboard

Authorization Dashboard

Client List

Client Profile

Alternate Names

Additional Information

Military Information

Contact Info

Collateral/Cust. Contacts

Other Numbers

History

Client Group Enrollment

Authorization

Employment

Allergies

User: Staff, Clinical | Location: D Williams Agency, Williams Treatment

Client: Lion, V | 108041650000224

Snapshot

Provider Authorization Change Request

Group Enrollment: DHW Adult, Status: Active, Plan: State General, Contract: 1 - DHW-D Williams SUD / 7/1/2014 - 6/30/2015 - State General-DHW Adult, Authorization #: 2036, Date Approved: 7/1/2014, Administering Agency: DHW Contractor, Effective Date: 7/1/2014, End Date: 6/30/2015, Updated Date: 3/4/2015, Updated By: Buskey, Michelle, ATR Intake: 1/1/0001-

Comments

Authorization Change Request List

Actions	Date	Type	Service	Units	End Date	Status	Justification

Add New

Finish

6. The Authorization Change Request List displays. Select **Note to Authorizer**.

7. Enter **Comments**.

- **Transfer an IDHW client from Assessment to a treatment Level of Care (LOC) at a different treatment agency:** specify the new treatment agency, document the date the GRRS is consented to DHW Contractor, and include the recommended LOC.
- **Transfer a client to a different treatment agency at the same Level of Care (LOC) and there are more than two weeks (15+ days) before the treatment authorization expires:** specify the new treatment agency, enter justification for additional RSS Services if applicable. Include the name of the Stand Alone RSS provider if applicable.
- **I am a Stand Alone RSS provider and I want to transfer a client to a different RSS agency:** specify the new RSS agency, enter justification for additional RSS Services if applicable.

8. Click **Save** and **Finish**.

9. Close the Program Enrollment and complete the Discharge (select the discharge reason of Transferred) if applicable.

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Home Page
Agency Contacts
Agency
Group List
Clinical Dashboard
Authorization Dashboard
Client List

Client Profile
Alternate Names
Additional Information
Military Information
Contact Info
Collateral/Cust. Contacts
Other Numbers
History
Client Group Enrollment
Authorization
Employment
Allergies

Authorization Change Request Profile

Type: [Yellow Highlighted]
Service: [Dropdown]
Units: [Dropdown]
End Date: [Calendar Icon]
Justification: [Dropdown]
Requestor Comments: [Text Area]
Approver's Comments: [Text Area]
Deny Reason: [Text Area] Other Description: [Text Area]

Actions
[Add ASAM Concurrent Review](#)

Cancel Save Finish

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Client: Lion, V | 108041650000224 | Clear Client

Home Page
Agency Contacts
Agency
Group List
Clinical Dashboard
Authorization Dashboard
Client List

Client Profile
Alternate Names
Additional Information
Military Information
Contact Info
Collateral/Cust. Contacts
Other Numbers
History
Client Group Enrollment
Authorization
Employment
Allergies

Authorization Change Request Profile

Type: Note to Authorizer
Service: [Dropdown]
Units: [Dropdown]
End Date: [Dropdown]
Justification: [Dropdown]
Requestor Comments: [Yellow Highlighted]
Approver's Comments: [Text Area]
Deny Reason: [Text Area] Other Description: [Text Area]

Actions
[Add ASAM Concurrent Review](#)

Cancel Save Finish